



KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 Extension 222 ~ <http://finance.ky.gov/adcb/>
Reference: 201 KAR 35:040

CONTINUING EDUCATION PROGRAM APPROVAL

INFORMATION SHEET / CHECKLIST

The Kentucky Board of Certification of Alcohol and Drug Counselors and its Continuing Education Committee will use the following criteria in approving any program for continuing education credit. Please be sure that all of these criteria are addressed in your application form or its attachments.

1. The program has a clearly stated purpose and defined content area consistent with the overall goals of continuing education, namely, improvement of professional competency, acquisition of new skills and knowledge and strengthening habits of critical inquiry and balanced judgment.
2. The presenters must be professionals qualified in the defined content area.
3. The program's time must be clearly stated in number of hours of attendance.
4. The number of hours requested for approval must be indicated on the form.
5. Attendance must be recorded by the program sponsor.
6. Documentation of completion must be provided to the participant.
7. Participants must be required to complete an evaluation of the program.
8. The program sponsor should send a program syllabus, sample evaluation form, program outline, vitae of presenters, and a copy of the certificate for participants with the application form.

FEE SCHEDULE

\$ 50.00 Single Program Provider – Approval for a single workshop – May be an Individual or a Sponsor

\$250.00 Sponsor Provider – Sponsor providing a program of courses

\$150.00 Sponsor Provider Renewal – Sponsors who have been previously approved and wish to renew prior approval per 201 KAR 35:040.

KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL AND DRUG COUNSELORS

PO BOX 1360
FRANKFORT, KY 40602
(502) 564-3296 ext. 222
<http://finance.ky.gov/adcb/>

CONTINUING EDUCATION PROGRAM APPROVAL

Reference 201 KAR 35:040

- ☐ **\$ 50 Single Program Provider Fee**
☐ **\$250 Sponsor Provider Fee**
☐ **\$150 Sponsor Renewal Fee**

Sponsor's Name: _____

Sponsor's Address: _____

City, State, Zip: _____

Sponsor's Telephone Number: _____

Title of Program: _____

Instructor(s): _____

Location of Program(s): _____

Date: _____ Time: _____ Number of Hours Requested for Approval: _____

EDUCATIONAL OBJECTIVES: Briefly describe ways that your program would contribute to one or more of the following definitions of "continuing education": a) improvement for the license or certificate holder's personal knowledge; b) acquisition of new skills and knowledge that would help maintain competence; or c) strengthening of the habits of critical inquiry and balance judgment.

What is the specific educational objectives of your program: _____

Content, activities, and materials: _____

Evaluation Procedures (Attach a copy of evaluation form to be used)

Intended Audience: _____

Intended Number of Participants: _____

FOR BOARD USE ONLY

Date: _____

Approved: _____

Deferred: _____

Denied: _____